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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	^	TTORNEY DOCKET NO.	CONFIRMATION NO.
* 10/776,856 TITLE OF INVENTION	02/11/2004 I: COMPRESSOR DIAG	NOSTIC SYSTEM	Nagaraj Jayanth		0315-510/COD	3884
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1510	\$300	. \$0	\$1810	05/26/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
JIANG, CI	HEN WEN	3744	062-126000			
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp	nge of Correspondence Indication form cd. Use of a Customer A TO BE PRINTED ON ified below, no assignee	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)			
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